



Ref. ISO/TMB IWA 35

2020-03-19

Invitation to an international workshop on “Quality of clinical learning environments for healthcare professionals – requirements” (IWA 35)

Dear ISO Members,

Following approval by the Technical Management Board of a proposal from the British Standards Institute (BSI), we are pleased to enclose the draft schedule and registration information for a workshop to develop an International Workshop Agreement on “Quality of clinical learning environments for healthcare professionals – requirements”.

Workshop dates and times

Workshop #1: 22nd June 2020 – 07:00-10:30 GMT - 15:00-18:30 GMT

Workshop #2: 29th June 2020 – 07:00-10:30 GMT - 15:00-18:30 GMT

All meetings will be conducted via Zoom.

We ask that you register for the workshop by completing the attached form no later than 1st June, using the instructions included in the attached invitation.

We would be grateful if you could publicize this event in your country.

Yours sincerely,

Antoine Morin

Secretary to the Technical Management Board

Encl.:

- Invitation, including registration instructions and schedule for the workshop
- Background information on the proposal from BSI
- Draft outline of the ISO/IWA 35



IWA 35 Quality of clinical learning environments for healthcare professionals – requirements

INVITATION TO INTERNATIONAL WORKSHOP

You are invited to attend a series of virtual workshops to develop a new ISO Workshop Agreement (IWA) on the quality of clinical learning environments for healthcare professionals.

Attendance at these meetings is free
All relevant stakeholders are permitted to participate.

NOTE: An ISO IWA is developed outside of the normal ISO system to enable the fast development of an international agreement that can be used by any organization to which it applies. IWAs indicate the organizations which were involved in their development in the published document and are typically used for six years or less before being withdrawn or developed into a full ISO international standard.

Background

This proposal is to develop a requirements document to assure the quality of clinical learning environments for healthcare trainees across the world. Whilst applying to a wide range of healthcare courses, this proposal and the attached draft document mostly uses the example of nursing and midwifery, as the largest provider of health care globally.

In some regions work has advanced to assure quality and consistency of clinical learning environments for healthcare education, but there is currently nothing at a global level. Consequently, it is not currently possible to assure that trainee placements are of appropriate quality prior to student attendance.

Additionally, no organization has yet been found with a complete and consistent approach to placement audit (including steps from the preparation of auditors through to completion of an effective audit outcome). Even where standard requirements do exist, these are varied in the extent and nature of their existence (e.g. US and UK) and colleagues from these countries identify the benefits of having international standards, even where national or local tools exist.

To address these issues within Europe, the European Commission funded an applied research project to develop a system for assuring the quality of clinical traineeships (see www.healint.eu). The HEALINT consortium encountered interest from non-European countries and recognized that increasing the geographical range could support learning for trainees within the country of origin and mobile students across the world. An agreed requirements' document relating to standards expected for clinical practice experience can also help improve quality globally.

The European document will be used as the preliminary draft for this IWA and is attached to this invitation. Experts are invited to use an [ISO Commenting table](#) to comment on the draft and propose changes or new text to ensure it is globally applicable.

Meeting details

Dates: **1st meeting:** 22nd June
 2nd meeting: 29th June

Times: 07:00-10:30 GMT
 15:00-18:30 GMT

Note: The same work will be covered at both meeting times on each date, to enable people in different parts of the world to contribute.

Location: All meetings will be via Zoom. Links below.

Join from PC, Mac, Linux, iOS or Android: <https://iso.zoom.us/j/810662855>
Meeting ID: 810 662 855
International numbers available: <https://iso.zoom.us/u/adVGMvq87K>
Or Skype for Business (Lync): <https://iso.zoom.us/skype/810662855>

TC Secretariat Sally Swingewood (BSI) sally.swingewood@bsigroup.com
Tel: + 44 7843 112599

Convenors

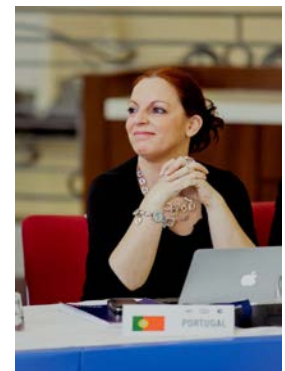
Carol Hall (University of Nottingham) C.Hall@nottingham.ac.uk

Dr Carol Hall is a Registered Nurse and Professor in Nursing Education with extensive experience in design, delivery and quality assurance of nursing and healthcare education, within the UK and internationally. Carol contributed to new nurse education competencies for the European Directive on Mutual Recognition of Professional Qualifications as Education Forum Chair, UK Royal College of Nursing (2006 - 2015) and as Vice President of the Federation of European Nurse Educators (FINE 2012 - 2018). She chaired subject pilot panels for Medicine and Health Sciences during development of the UK Teaching Excellence Framework (TEF 2018, 2019). Carol was awarded Principal Fellowship by the UK Higher Education Academy in November 2014 and received a team award for Collaboration in Teaching Excellence (CATE Award) in 2018.



Sandra Feliciano (Knowledge Innovation Centre) sandra@knowledgeinnovation.eu

Sandra Feliciano graduated in Social Sciences and post-graduated in Evaluation in Education. She has over 20 years of experience with quality management and is an experienced international consultant and trainer as well as a qualified assessor for several accredited certification schemes. She is a Research Associate at KIC, working with projects dealing with quality in education and a Lecturer at the Porto Polytechnic, where she teaches Standardization, Quality, and Management Systems Audits at Master level. She represented Portugal and Angola at ISO/TC176 during the last revision of ISO 9001 and, as Convenor of ISO/PC 288/WG 1, led the development of ISO 21001:2018, the first ISO management system standard for educational organizations. More information at www.linkedin.com/in/felicianosandra



Process:

1. Please **circulate this calling notice** to any relevant stakeholders and invite them to join the meetings. Experts do not need to be a member of a technical committee to join this workshop.
2. Each participant should **register** their intention to join the workshop by completing the attached form and returning it to the [Secretariat](#) no later than 1st June.
3. Participants should review the attached draft document and **submit comments** (guidance below) to the Secretariat no later than 1st June.
4. The Secretariat will collate the comments into one document and suggest whether each comment is likely to be accepted or not and give reasons. This **updated document will be sent to all registrants** to consider before we meet.
5. At the first meeting the **comments will be reviewed**, and the **draft will be revised** based on the consensus reached.
6. The second meeting each day will review the outcome of the earlier meeting and any decisions which are not agreed by the 2nd group, or further suggestions to resolve issues, will be shared with everyone.
7. The **combined outputs of both meetings will be circulated** to everyone for review and a second commenting period before the meetings on the 29th June.
8. Further remote meetings will be planned to finalize the document as required.

Registration:

Please ensure you register for the specific dates and times you wish to attend by filling in the form below and returning it to the [Secretariat](#).

Registration closes 1 June 2020.

NAME	
EMAIL	
COUNTRY	
INTEREST/EXPERTISE IN THIS TOPIC	
JOB TITLE/ORGANIZATION	
JUNE 22 07:00-10:30 GMT/UTC	YES/NO
15:00-18:30 GMT/UTC	YES/NO
JUNE 29 07:00-10:30 GMT/UTC	YES/NO
15:00-18:30 GMT/UTC	YES/NO



IWA 35 Quality of clinical learning environments for healthcare professionals – requirements

DRAFT AGENDA INTERNATIONAL WORKSHOPS 22 and 29 June

22 June

07:00/15:00	Introductions & welcome
07:10/15:10	Background to the project
07:25/15:25	Discussion on general topics identified through the comments
08:25/16:25	Break
08:55/16:55	Discussion of specific comments received on draft
10:15/18:15 end	Review of proposed decisions made on comments NOTE: the results of both meetings will be circulated to everyone for review and to resolve any areas of difference before June 29

29 June

07:00/15:00	Introductions & welcome
07:10/15:10	Review of agreed decisions made on 22 June
07:25/15:25	Discussion of remaining specific comments received on draft
08:25/16:25	Break
09:30/17:30	Discussion of specific comments received on draft
10:00/18:00	Review of revised text
10:15/18:15 end	Next steps and date of next meeting (s)

Quality of clinical learning environments for healthcare professionals – requirements

Preliminary working draft

Warning for WDs and CDs

This document is not an ISO International Standard. It is distributed for review and comment. It is subject to change without notice and may not be referred to as an International Standard.

Recipients of this draft are invited to submit, with their comments, notification of any relevant patent rights of which they are aware and to provide supporting documentation.

GUIDANCE FOR COMMENTS

1. Please send comments on the ISO commenting template ONLY to: sally.swingewood@bsigroup.com
2. Please always use the **line number** to identify the text you are commenting on
3. Please provide **one** comment per line/sentence/paragraph.

Template for comments and secretariat observations

Date:	Document: Preliminary	Project: IWA35
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MB/NC ¹	Line number (e.g. 17)	Clause/ Subclause (e.g. 3.1)	Paragraph/ Figure/ Table/	Type of comment ²	Comments	Proposed change	Observations of the secretariat
your initials	Line number you wish to change	Clause number	Specific place in clause e.g. bullet b	Tech/ editorial/ general	Why you want to change something	Exact proposed changes or new text	LEAVE THIS COLUMN BLANK

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45 **Foreword** **THIS IS STANDARD TEXT - DO NOT COMMENT ON THIS**

46 ISO (the International Organization for Standardization) is a worldwide federation of national standards
47 bodies (ISO member bodies). The work of preparing International Standards is normally carried out
48 through ISO technical committees. Each member body interested in a subject for which a technical
49 committee has been established has the right to be represented on that committee. International
50 organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO
51 collaborates closely with the International Electrotechnical Commission (IEC) on all matters of
52 electrotechnical standardization.

53 The procedures used to develop this document and those intended for its further maintenance are
54 described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the
55 different types of ISO documents should be noted. This document was drafted in accordance with the
56 editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

57 Attention is drawn to the possibility that some of the elements of this document may be the subject of
58 patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any
59 patent rights identified during the development of the document will be in the Introduction and/or on
60 the ISO list of patent declarations received (see www.iso.org/patents).

61 Any trade name used in this document is information given for the convenience of users and does not
62 constitute an endorsement.

63 For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and
64 expressions related to conformity assessment, as well as information about ISO's adherence to the World
65 Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see
66 www.iso.org/iso/foreword.html.

67 This document was prepared by XXX

68 Any feedback or questions on this document should be directed to the user's national standards body. A
69 complete listing of these bodies can be found at www.iso.org/members.html.

70 Introduction

71 In healthcare studies which include professional regulation, student learning in clinical practice is an
72 essential part of the curriculum. Curricula are designed with close input from the national health
73 services, and on graduation, students are expected to have sufficient experience to practice
74 independently within their profession. Simultaneously, a shortage of healthcare professionals in certain
75 countries is stimulating mobility. However, healthcare professionals who trained within the system
76 they intend to work in, are able to immediately integrate to deliver care, unlike other professionals
77 coming from abroad, who require extra time and resources to integrate them with national specificities
78 of the health system.

79 The intent of this document is, therefore, to provide a set of requirements that support higher education
80 and healthcare institutions to offer and direct high-quality cross-border traineeships and simplify the
81 processes involved in organizing these for trainees.

82 This document uses the below four verbs with the following intentions:

83 Used in requirements:

84 'Shall' indicates an obligation.

85 'Should' indicates a recommendation.

86 'May' indicates a permission.

87 'Can' indicates a possibility.

88

89 **Quality of clinical learning environments for healthcare professionals** 90 **– requirements**

91 **1 Scope**

92 This document specifies requirements for operational practices when a traineeship host organization
93 wishes to demonstrate its ability to consistently provide and improve traineeship placements that meet
94 the requirements of the educational organizations as well as the applicable legal requirements.

95 All the requirements of this document are intended to be applicable to any traineeship host organization,
96 regardless of its type, size or the healthcare services provided

97 **2 Normative references**

98 There are no normative references in this document.

99 **3 Terms and definitions**

100 For the purposes of this document, the following terms and definitions apply.

101 ISO and IEC maintain terminological databases for use in standardization at the following addresses:

102 — ISO Online browsing platform: available at <https://www.iso.org/obp>

103 — IEC Electropedia: available at <http://www.electropedia.org/>

104 **3.1**

105 **compliance obligations** (preferred term)

106 legal requirements and other requirements (admitted term)

107 legal requirements that an organization has to comply with and other requirements that an
108 organization has to, or chooses to, comply with

109 Note to entry: Compliance obligations can arise from mandatory requirements, such as applicable laws and
110 regulations, or voluntary commitments, such as organizational and industry standards, contractual relationships,
111 codes of practice and agreements with community groups or non-governmental organizations.

112 [Source: Adapted from ISO 14001:2015 Environmental management – Requirements – Note 1 to entry was
113 deleted and Note 2 to entry was kept without numbering]

114 **3.2**

115 **documented information**

116 information required to be controlled and maintained by an organization and the medium on which it is
117 contained

118 Note 1 to entry: Documented information can be in any format and media, and from any source.

119 Note 2 to entry: Documented information can refer to:

120 - the management system, including related processes;

121 - information created in order for the organization to operate (documentation);

122 - evidence of results achieved (records).

123 [Source: ISO/IEC Directives, Part 1 - Consolidated ISO Supplement - Procedures specific to ISO – Annex SL -
124 Proposals for management system standards – Appendix 2 - High level structure, identical core text, common
125 terms and core definitions]

126 3.3

127 **credit transfer and accumulation system (CTS)**

128 credit system designed to make it easier for students to move between different countries.

129 Note to entry: CTS are based on the learning achievements and workload of a course and a student can transfer
130 CTS credits from one university to another, to contribute to an individual's degree programme or training.

131 [Source: European Commission - modified]

132 3.4

133 **credit transfer for vocational education and training (CVET)**

134 system designed to facilitate the transfer, recognition and accumulation of assessed learning outcomes
135 of individuals who are aiming to achieve a qualification

136 [Source: European Commission - modified]

137 3.5

138 **qualification framework (QF)**

139 common reference framework to make qualifications more readable and understandable across
140 different countries and systems

141 Note to entry: Covering qualifications at all levels and in all sub-systems of education and training, the QF provides
142 a comprehensive overview over qualifications in the countries currently involved in its implementation.

143 [Source: CEDEFOP - modified]

144 3.6

145 **formal education**

146 education that is institutionalised, intentional and planned through public organizations and recognised
147 private bodies and constitutes the formal education system of a country

148 Note 1 to entry: Formal education programmes are recognised by the relevant national education or equivalent
149 authorities, e.g. any other institution in cooperation with the national or sub-national education authorities.

150 Formal education consists mostly of initial education. Vocational education, special needs education and some
151 parts of adult education are often recognised as being part of the formal education system.

152 Note 2 to entry: Institutionalised education occurs when an organization provides structured educational
 153 arrangements, such as student-teacher relationships and/or interactions, that are specially designed for education
 154 and learning.

155 [Source: ISCED - modified]

156 **3.7**

157 **human resources**

158 people working within or contributing to the organization

159 [Source: ISO 30400:2016 Human resource management -- Vocabulary]

160 **3.8**

161 **infrastructure**

162 <organization> system of facilities, equipment and services needed for the operation of an organization

163 [Source: ISO 9000:2015 Quality management – Fundamentals and vocabulary]

164 **3.9**

165 **interested party** (preferred term)

166 stakeholder (admitted term)

167 person or organization that can affect, be affected by, or perceive itself to be affected by a decision or
 168 activity

169 Note to entry: Examples of interested parties are: Customers, owners, people in an organization, providers,
 170 bankers, regulators, unions, partners or society that can include competitors or opposing pressure groups.

171 [Source: ISO 9000:2015 Quality management – Fundamentals and vocabulary]

172 **3.10**

173 **nonconformity** (preferred term)

174 incident (admitted term)

175 non-fulfilment of a requirement

176 [Source: Adapted from ISO/IEC Directives, Part 1 - Consolidated ISO Supplement - Procedures specific to ISO –
 177 Annex SL - Proposals for management system standards – Appendix 2 - High level structure, identical core text,
 178 common terms and core definitions]

179 **3.11**

180 **mentor**

181 person(s) primarily concerned with the learning development of the trainee during the time they are
 182 within the traineeship

183 Note 1 to entry: depending of the context, there might one or more mentors per trainee – e.g. academic mentor,
 184 clinical mentor, among others.

185 Note 2 to entry: Depending on the context/culture, a mentor may be called a practice supervisor, a director, or any
 186 other job role' name which responsibilities match the above definition.

187 **3.12**

188 **mission**

189 reason for being, mandate and scope of an organization, translated into the context in which it operates

190 [Source: ISO 21001:2018 – Educational organizations – Managements systems for educational Organizations –
191 Requirements with guidance for use]

192 **3.13**

193 **organization**

194 person or group of people that has its own functions with responsibilities, authorities and relationships
195 to achieve its objectives.

196 [Source: ISO/IEC Directives, Part 1 - Consolidated ISO Supplement - Procedures specific to ISO – Annex
197 SL - Proposals for management system standards – Appendix 2 - High level structure, identical core text,
198 common terms and core definitions]

199 **3.14**

200 **organization culture**

201 values, beliefs and practices that influence the conduct and behaviour of people and organizations

202 [Source: ISO 30400:2016 Human resource management – Vocabulary / ISO 30401:2018 Knowledge management
203 systems -- Requirements]

204 **3.15**

205 **organizational policy**

206 intentions and direction of an organization as formally expressed by its top management

207 [Source: ISO/IEC Directives, Part 1 - Consolidated ISO Supplement - Procedures specific to ISO – Annex SL -
208 Proposals for management system standards – Appendix 2 - High level structure, identical core text, common
209 terms and core definitions]

210 **3.16**

211 **professional higher education**

212 form of higher education that offers a particularly intense integration with the world of work in all its
213 aspects, including teaching, learning, research and governance, ~~and at all levels of the overarching~~
214 ~~qualifications framework of the European Higher Education Area (EHEA).~~

215 [Source: EURASHE]

216 **3.17**

217 **service user**

218 person to which the health care service is delivered.

219 Note to entry: Depending on the nature and culture of the organization, a service user might be known as patient,
220 customer, client, among others.

221 **3.18**

222 **traineeship** (preferred term)

223 apprenticeship (admitted term)

224 learning that alternates between a workplace and an education or training institution; that is part of
 225 formal education and training; and that on successful completion, learners acquire a qualification and
 226 receive an officially recognized certificate.

227 (Source: Adapted from CEDEFOP)

228 **3.19**

229 **traineeship host organization**

230 organization offering the traineeship placement

231 Note to entry: The host organization can differ in substantially according to the services offered (hospital, clinic,
 232 care home, hospice, etc.); their financial nature (public, private, etc.) and their size (micro, small or large), among
 233 other characteristics.

234 **3.20**

235 **vision**

236 aspirations of an organization in relation to its desired future condition and duly aligned with its
 237 mission

238 [Source: ISO 21001:2018 – Educational organizations – Managements systems for educational Organizations –
 239 Requirements with guidance for use]

240 **4 Governance**

241 **4.1 Mission and vision**

242 The traineeship host organization shall identify its mission and determine its vision and maintain it as
 243 documented information.

244 **4.2 Organizational culture**

245 The traineeship host organization shall identify, implement and maintain a culture that demonstrates
 246 the organization's knowledge of service users' needs and expectations and reflects cultural sensitivity,
 247 effective practice and continual improvement.

248 When identifying this culture, the traineeship host organization should consider:

249 a) anti-discrimination;

250 b) cultural integration;

251 c) a positive working attitude;

252 d) data protection;

253 e) ethical practice;

254 f) occupational health and safety;

255 g) dedication to healthcare professional development;

256 h) promotion and use of evidenced-based practice;

257 i) commitment to continuous improvement based on best practice and reflections on lessons learned.

258 Note 1: Cultural integration can include the recognition, respect and fulfilment of cultural and language needs of
259 service users as appropriate.

260 Note 2: A positive working attitude can include sensitivity of all cultures; mutual respect; empathy; compassion;
261 motivation; confidence; patient safety.

262 **4.3 Organizational policy**

263 The traineeship host organization shall establish, implement and periodic review an organizational
264 policy that reflects the organizational culture, through a set of organizational commitments.

265 The organizational policy should be maintained as documented information and be available to
266 interested parties.

267 **4.4 Compliance obligations**

268 The traineeship host organization shall identify the applicable local, regional and national requirements
269 for delivery of safe and effective care, considering:

270 a) clinical practice;

271 b) data protection;

272 c) occupational health and safety;

273 d) appropriate insurance arrangements to protect patients and their carers, employees, visitors and
274 students/trainees in the workplace.

275 The traineeship host organization shall maintain documented information of the identification of the
276 above requirements and retain documented information that the compliance has been verified.

277 Note 1: Local, regional and national requirements can be stated in proprietary or formal standards, policies,
278 procedures and other similar technical documents.

279 Note 2: Verification of compliance obligations can be performed through self-assessment practices such as
280 internal audits, an inspection from a regulatory body or an audit from an accredited certification body.

281 **4.5 Risk management**

282 The traineeship host organization shall adopt a methodology for risk management related to the
283 traineeship placements, which enables:

284 a) identification of risks;

285 b) evaluation of risks;

286 c) determination of actions to address relevant risks;

287 d) evaluation of the effectiveness of the actions implemented.

288 The traineeship host organization shall ensure its staff is adequately trained in the adopted risk
289 management methodology.

290 Documented information regarding the adopted risk management methodology and evidence of its
291 implementation shall be maintained and retained, respectively.

292 **4.6 Control of nonconformities**

293 The traineeship host organization shall establish a methodology to deal with nonconformities related to
294 the traineeship placements, which enables:

295 a) description of the nonconformity;

296 b) root cause investigation;

297 c) determination of appropriate actions to address the nonconformity, the responsible persons for its
298 implementation and deadlines;

299 d) evaluation of the effectiveness of the actions implemented.

300 Documented information regarding the methodology and evidence of its implementation shall be
301 maintained and retained, respectively and communicated to the educational organization without
302 undue delay.

303 Note: Appropriate actions to address nonconformities can include any corrections and support measures needed
304 as well as any actions to avoid nonconformities recurrence.

305 **5 Resources**

306 **5.1 Human resources**

307 The traineeship host organization shall determine, provide and maintain sufficient human resources for
308 the traineeship placement, including:

309 a) adequate staffing ratios and skills;

310 b) clear job descriptions and leadership styles;

311 c) support for staff life-long learning and career development.

312 **5.2 Infrastructure**

313 The traineeship host organization shall determine, provide and maintain an adequate infrastructure for
314 the traineeship placement.

315 **5.3 Financial resources**

316 The traineeship host organization shall determine, provide and maintain sufficient financial resources
317 to allow:

318 a) conformity with the requirements of 5.1 and 5.2;

319 b) adequate investment into the continuous development of the healthcare services provided.

320 **5.4 Documented information**

321 The organizational scope in which this protocol is implemented, as well as justifications for any non-
322 applicable requirements, shall be maintained as documented information.

323 To the extent necessary, the traineeship host organization shall also:

324 a) maintain documented information to support the operation of the traineeship placements offered;

325 b) retain documented information to have confidence that the traineeship placements are being carried
326 out as planned.

327 Documented information maintained and retained shall be easily available to staff, students and
328 representatives of the educational organization, as appropriate.

329 Note 1: Examples of documented information maintained can be: Induction plans, placement desired learning
330 outcomes, documented job descriptions, health and safety documented procedures, among others.

331 Note 2: Examples of documented information retained can be: Staff rotation records, insurance records, among
332 others.

333 **6 Traineeship planning and control**

334 **6.1 Allocation of trainees to traineeship placements**

335 The traineeship host organization shall assure the requirements for the traineeship placement are
336 defined and that the trainee meets those requirements before starting the traineeship.

337 When the selected trainee does not meet a given requirement, the traineeship host organization shall
338 make sure adequate actions are implemented that lead to the acquisition of the required competences
339 during the induction phase of the traineeship.

340 The traineeship placement requirements, as well as evidence that the trainee meets them shall be
341 maintain and retained, respectively.

342 Note: Examples of requirements not usually met in advance by a trainee can include competences related to
343 specific procedures of the organization (e.g. health and safety, security) or to specific resources (e.g. medical
344 devices, software applications or other equipment), among others.

345 **6.2 Assignment of mentors**

346 The traineeship host organization shall assign a mentor to each trainee who is adequately prepared to
347 support the professional development of trainees in their placement. This shall include:

348 a) pedagogical competence to mentor;

349 b) professional qualification adequate to the characteristics of the traineeship;

350 c) knowledge of relevant information regarding the traineeship, including characteristics of the
351 placement and of the trainee being allocated.

352 The minimum mentorship contact time shall be defined in number of hours and its distribution across
353 the duration of the traineeship.

354 The identification and contacts of the assigned mentor shall be made available to the trainee and
355 hers/his educational organization.

356 **6.3 Learning environment**

357 The traineeship host organization shall determine, provide and maintain a supportive learning
358 environment for the traineeship placement, including an organizational behaviour which reflects the
359 commitments expressed in the organizational policy (see 4.3).

360 The traineeship host organization shall assure the availability of a learning environment where:

- 361 a) the learning opportunities match the learning objectives and level of the trainee and any exceptions
362 justified;
- 363 b) the trainee experiences the delivery of patient care based on contemporary evidence-based practice;
- 364 c) there is a positive learning culture which embraces and supports diversity;
- 365 d) the trainee is not included in the work force and the mentor remains accountable for the trainee
366 activity;
- 367 e) there is a system in place for trainees and mentors to raise concerns;
- 368 f) the role and responsibilities of the trainee are clearly identified;
- 369 g) the wellbeing of the trainee is supported
- 370 h) the trainee has access to relevant documented information;
- 371 i) trainee feedback is used for continuous improvement of the traineeship placement.

372 Note 1: Examples of embracing and supporting diversity can include:

- 373 a) support acclimatization to new cultures;
- 374 b) the implementation of plans to address language barriers such as translation of common medical and
375 healthcare terms;
- 376 c) the use of transcultural nonverbal communication to establish professional relationships with patients and
377 others.

378 Note 2: Concerns raised can include those related to the trainees' experience or care provided to service users;

379 Note 3: Examples of relevant documented information can include policies, procedures and guidance, among
380 others.

381 **6.4 Assessment of learning**

382 The traineeship host organization shall assure coordination with the higher education institution
383 regarding the assessment of learning of the trainees and retain documented information of any relevant
384 communications held.

385 Note: Coordination regarding assessment of learning may include:

- 386 a) instruments used and its grading system;
- 387 b) moments in which the assessment occurs;
- 388 c) system to support and assist student by giving continuous feedback on student's commitment;
- 389 d) system to support and recover failing students.

390 **7 Recognition of traineeships**

391 **7.1 Establishment of partnerships**

392 The traineeship host organization shall establish a partnership with an education organization that
393 enables continued cooperation and support regarding the traineeship.

394 The partnership shall ensure:

395 a) a responsible teacher is nominated for the traineeship and her/his direct contact details are
396 available;

397 b) the education organization is aware of the host organization's culture (see 4.2) and commits to it;

398 c) clear insurance arrangements (see 4.4 d)).

399 Documented information shall be retained as evidence of the partnership and of any relevant
400 communication regarding the traineeships hosted.

401 Note: A partnership can be evidenced through a documented agreement describing the rights and obligations of
402 the parties involved.

403 **7.2 Certification of traineeship**

404 The partnership established shall ensure that the traineeship is recognised as education.

405 The traineeship host organization shall ensure that the education organization:

406 a) complies with national and European applicable legal requirements related to the educational
407 curriculum for clinical traineeships;

408 b) is accredited under the European Higher Education Area (EHEA) if providing education at EQF levels
409 5 and above;

410 c) certifies the traineeship in European credit units, such as European Credit Transfer System (ECTS) or
411 European Credit Transfer System for Vocational Education and Training (ECVET).

412 Both the accreditation status of the educational organization and the certification status of the
413 traineeship shall be retained as documented information.

414 Note: The compliance with national and European applicable legal requirements may be evidenced through a self-
415 declaration from the education organization.

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Annex A
(informative)

Annex title e.g. Example of a figure and a table

420 **A.1 Clause title autonumber**

421 *Use subclauses if required e.g. A.1.1 or A.1.1.1. For example:*

422 **A.1.1 Subclause autonumber**

423 **A.1.1.1 Subclause autonumber**

424 Type text.

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